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CONFIRMATION NO. 9187

<b>SERIAL NUMBER</b> 10/765,293	<b>FILING OR 371(c) DATE</b> 01/27/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 1512,023
<b>APPLICANTS</b> James A. Zagzebski, Madison, WI; Tomy Varghese, Madison, WI; <i>MS</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/464,678 04/22/2003 <i>MS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>MS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/10/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>MS</i> Verified and Acknowledged <i>MS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 46
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23598				
<b>TITLE</b> Ultrasonic elastography with angular compounding				
<b>FILING FEE RECEIVED</b> 619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	